

# Yiyan Liu

## List of Publications by Year in descending order

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55  
papers

986  
citations

471509

17  
h-index

454955

30  
g-index

55  
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55  
docs citations

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times ranked

1420  
citing authors

#	ARTICLE	IF	CITATIONS
1	Fluorodeoxyglucose positron emission tomography/CT for primary malignant intraosseous neoplasms of the mandible. <i>Molecular and Clinical Oncology</i> , 2021, 16, 16.	1.0	0
2	Giant primary breast Burkitt's lymphoma demonstrated on FDG PET/CT. <i>Breast Journal</i> , 2020, 26, 1039-1040.	1.0	0
3	Pseudomyogenic Hemangioendothelioma. <i>Clinical Nuclear Medicine</i> , 2020, 45, 248-249.	1.3	3
4	Large Idiopathic Mesenteric Necrotizing Granuloma Mimicking Metastatic Disease on FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2020, 45, 314-315.	1.3	2
5	Diagnostic value of fluorine-18 fluorodeoxyglucose positron emission tomography/computed tomography in sublingual and submandibular salivary gland tumors. <i>Molecular and Clinical Oncology</i> , 2020, 13, 27.	1.0	1
6	FDG PET/CT for metastatic squamous cell carcinoma of unknown primary of the head and neck. <i>Oral Oncology</i> , 2019, 92, 46-51.	1.5	20
7	Focal mass-like cardiac uptake on oncologic FDG PET/CT: Real lesion or atypical pattern of physiologic uptake?. <i>Journal of Nuclear Cardiology</i> , 2019, 26, 1205-1211.	2.1	4
8	Actinomyces-induced adnexal and uterine masses mimicking malignancy on FDG PET/CT. <i>American Journal of Obstetrics and Gynecology</i> , 2019, 220, 281.	1.3	4
9	Lung Neoplasms with Low F18-Fluorodeoxyglucose Avidity. <i>PET Clinics</i> , 2018, 13, 11-18.	3.0	9
10	Septic and tumor thrombosis caught by inferior vena cava filters and demonstrated on FDG PET/CT. <i>Vascular Medicine</i> , 2018, 23, 491-492.	1.5	0
11	Massive Idiopathic Oropharyngeal and Laryngeal Granulomatosis on FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2017, 42, 325-326.	1.3	0
12	The role of 18F-FDG PET/CT in staging and restaging primary bone lymphoma. <i>Nuclear Medicine Communications</i> , 2017, 38, 319-324.	1.1	18
13	The role of FDG uptake intensity in pericardial effusion. <i>Journal of Nuclear Cardiology</i> , 2017, 24, 1440-1441.	2.1	0
14	Lung Hot Spot Without Corresponding Computed Tomography Abnormality on Fluorodeoxyglucose Positron Emission Tomography/Computed Tomography: Artfactual or Real, Iatrogenic or Pathologic?. <i>Current Problems in Diagnostic Radiology</i> , 2017, 46, 200-203.	1.4	2
15	F18-fluorodeoxyglucose positron emission tomography/computed tomography for bone hemangiopericytoma. <i>Molecular and Clinical Oncology</i> , 2017, 7, 1147-1151.	1.0	1
16	The Place of FDG PET/CT in Renal Cell Carcinoma: Value and Limitations. <i>Frontiers in Oncology</i> , 2016, 6, 201.	2.8	82
17	The role of 18F-FDG PET/CT in the follow-up of well-differentiated thyroid cancer with negative thyroglobulin but positive and/or elevated antithyroglobulin antibody. <i>Nuclear Medicine Communications</i> , 2016, 37, 577-582.	1.1	12
18	Scintigraphic Images of Massive Tumoral Calcinosis. <i>Clinical Nuclear Medicine</i> , 2016, 41, 504-505.	1.3	6

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19	Chronic Nonbacterial Osteomyelitis With FDG Avid Rib Destruction and Extensive Lymphadenopathy. <i>Clinical Nuclear Medicine</i> , 2016, 41, 730-731.	1.3	2
20	Migrating Tumor Thrombus Trapped Within the Greenfield Filter of the Inferior Vena Cava and Depicted by FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2014, 39, 214-216.	1.3	2
21	Diagnostic role of fluorodeoxyglucose positron emission tomography-computed tomography in prostate cancer. <i>Oncology Letters</i> , 2014, 7, 2013-2018.	1.8	18
22	Chronic Sialadenitis With Marked Lymphadenopathy Mimicking Lymphoma on FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2014, 39, 738-739.	1.3	3
23	Multiple distant adenomyosis mimicking carcinomatosis on FDG PET/CT. <i>American Journal of Obstetrics and Gynecology</i> , 2014, 210, 486.e1-486.e2.	1.3	2
24	Postoperative reactive lymphadenitis: A potential cause of false-positive FDG PET/CT. <i>World Journal of Radiology</i> , 2014, 6, 890.	1.1	8
25	Role of FDG PET-CT in evaluation of locoregional nodal disease for initial staging of breast cancer. <i>World Journal of Clinical Oncology</i> , 2014, 5, 982.	2.3	39
26	FDG PET/CT and Renal Scan Demonstrations of Carcinoma in the Urinary Bladder and Bladder Diverticulum. <i>Clinical Nuclear Medicine</i> , 2013, 38, 580-581.	1.3	2
27	FDG PET Differentiation of Tumor Recurrence From Post-Stereotactic Radiosurgical Scar in a Central Neurocytoma. <i>Clinical Nuclear Medicine</i> , 2013, 38, 469-470.	1.3	0
28	Fluorodeoxyglucose uptake in absence of CT abnormality on PET-CT: What is it?. <i>World Journal of Radiology</i> , 2013, 5, 460.	1.1	8
29	Concurrent FDG Avid Nasopharyngeal Lesion and Generalized Lymphadenopathy on PET-CT Imaging Is Indicative of Lymphoma in Patients with HIV Infection. <i>AIDS Research and Treatment</i> , 2012, 2012, 1-6.	0.7	6
30	Invalidity of SUV Measurements of Lesions in Close Proximity to Hot Sources due to "Shine-Through" Effect on FDG PET-CT Interpretation. <i>Radiology Research and Practice</i> , 2012, 2012, 1-4.	1.3	12
31	Primary Umbilical Neoplasm Demonstrated on FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2011, 36, e67-e68.	1.3	6
32	Metastatic Female Adnexal Tumor of Possible Wolffian Origin (FATWO) of the Appendix Demonstrated by FDG PET/CT. <i>Clinical Nuclear Medicine</i> , 2011, 36, 136-137.	1.3	10
33	Super-Superscan on a Bone Scintigraphy. <i>Clinical Nuclear Medicine</i> , 2011, 36, 227-228.	1.3	18
34	Characterization of thymic lesions with F-18 FDG PET-CT. <i>Nuclear Medicine Communications</i> , 2011, 32, 554-562.	1.1	20
35	Demonstrations of AIDS-associated malignancies and infections at FDG PET-CT. <i>Annals of Nuclear Medicine</i> , 2011, 25, 536-546.	2.2	28
36	Physiology and Pathophysiology of Incidental Findings Detected on FDG-PET Scintigraphy. <i>Seminars in Nuclear Medicine</i> , 2010, 40, 294-315.	4.6	101

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37	Dominant uptake of fatty acid over glucose by prostate cells: a potential new diagnostic and therapeutic approach. <i>Anticancer Research</i> , 2010, 30, 369-74.	1.1	115
38	<sup>18</sup> F-FDG PET Evaluation of Sinonasal Papilloma. <i>American Journal of Roentgenology</i> , 2009, 193, 214-217.	2.2	35
39	Clinical significance of thyroid uptake on F18-fluorodeoxyglucose positron emission tomography. <i>Annals of Nuclear Medicine</i> , 2009, 23, 17-23.	2.2	77
40	Benign ovarian and endometrial uptake on FDG PET-CT: patterns and pitfalls. <i>Annals of Nuclear Medicine</i> , 2009, 23, 107-112.	2.2	63
41	Orthopedic surgery-related benign uptake on FDG-PET: case examples and pitfalls. <i>Annals of Nuclear Medicine</i> , 2009, 23, 701-708.	2.2	21
42	Clinical significance of diffusely increased splenic uptake on FDG-PET. <i>Nuclear Medicine Communications</i> , 2009, 30, 763-769.	1.1	68
43	Nodal Metastasis From Occult Thyroid Cancer Detected by FDG PET-CT in a Patient With 2 Known Malignancies. <i>Clinical Nuclear Medicine</i> , 2009, 34, 371-373.	1.3	3
44	Setting an SUV cut-off value is misleading and meaningless in the differentiation between physiological and pathological accumulations in the head and neck. <i>Nuclear Medicine Communications</i> , 2009, 30, 895.	1.1	3
45	FDG PET-CT demonstration of metastatic neuroendocrine tumor of prostate. <i>World Journal of Surgical Oncology</i> , 2008, 6, 64.	1.9	24
46	Metastatic Brain Lesions May Demonstrate Photopenia on FDG-PET. <i>Clinical Nuclear Medicine</i> , 2008, 33, 255-257.	1.3	4
47	Bone Marrow Granulomatous Inflammation. <i>Clinical Nuclear Medicine</i> , 2008, 33, 707-708.	1.3	5
48	Adenomyomatosis of the Gallbladder: Another Cause for a "Hot" Gallbladder on 18F-FDG PET. <i>American Journal of Roentgenology</i> , 2007, 189, W36-W38.	2.2	51
49	A level III sentinel lymph node in breast cancer. <i>World Journal of Surgical Oncology</i> , 2006, 4, 31.	1.9	1
50	Radiolabelled somatostatin analog therapy in prostate cancer: current status and future directions. <i>Cancer Letters</i> , 2006, 239, 21-26.	7.2	9
51	PET-CT Demonstration of Extensive Muscle Metastases From Breast Cancer. <i>Clinical Nuclear Medicine</i> , 2006, 31, 266-268.	1.3	20
52	???Shine Through??? on Dual Tracer Parathyroid Scintigraphy: A Potential Pitfall in Interpretation. <i>Clinical Nuclear Medicine</i> , 2005, 30, 145-149.	1.3	8
53	The F + O protocol for diuretic renography results in fewer interrupted studies due to voiding than the F - 15 protocol. <i>Journal of Nuclear Medicine</i> , 2005, 46, 1317-20.	5.0	25
54	Use of Radionuclides to Study Renal Function. , 2003, 86, 79-118.		2

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55	Uterine Myoma Identified on a Tc-99m MAG3 Scan of a Renal Transplant. <i>Clinical Nuclear Medicine</i> , 2002, 27, 801-802.	1.3	3